



Supreme Court of Wisconsin

BOARD OF BAR EXAMINERS
110 EAST MAIN STREET, SUITE 715
MADISON, WI 53703-3328
TELEPHONE: (608) 266-9760

DESCRIPTION OF MEDICAL OR SUBSTANCE ABUSE CONDITION OR IMPAIRMENT

NOTE: This form to be completed for affirmative answers to Questions 31, 32, 33 or 34 on the Wisconsin bar admission Applicant Questionnaire and Affidavit. Make copies of this questionnaire as needed.

Full name: _____
First Middle Last

Dates of treatment: From (mo/yr)_____ To (mo/yr)_____

Medications prescribed: _____

Attending health care professional: _____

Street address _____
Name Title

City _____ State _____ Zip Code _____

Telephone (____) _____

Name of hospital or institution: _____

Street address _____

City _____ State _____ Zip Code _____

Telephone (____) _____

Describe the condition or problem and any treatment or monitoring program (attach additional pages as necessary):